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ABSTRACT

A self control therapy program for depression was held over a 10-week period for 104 women, aged 18-60. The therapy focused on behavioral and cognitive objectives, increasing both activity levels and positive statements about self. To investigate the effectiveness of the program after a 6-month period, 71 of the women (approximately 70 percent of the original sample) completed the Beck Depression Inventory, the Minnesota Multiphasic Personality Inventory Depression Scale (MMPI-D), a Recent Life Events Schedule, and a follow-up questionnaire. An analysis of the results showed that the significant improvement in depressive symptomatology reported on completion of the program was maintained over a 6-month period. Subjects whose depression showed most improvement during treatment were most likely to retain and use the self-control skills taught in the program. Subjects indicated that their mood 6 months after the program was considerably better than before the program. The majority noted improved relationships with spouses, children, and jobs. Most had experienced at least one episode of depression, but only 30 percent had sought additional therapy. Subjects who had experienced severe depressive episodes or who had experienced a greater number of recent life events were more likely to seek therapy. (Author/BL)

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A SELF-CONTROL THERAPY PROGRAM FOR DEPRESSION: SIX MONTH FOLLOW-UP

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Paper presented at the Annual Convention of the Southwestern Psychological Association, San Antonio, TX, April 21-23, 1983.

A SELF-CONTROL THERAPY PROGRAM FOR DEPRESSION:
SIX MONTH FOLLOW-UP

Barbara Gordon Leventon, Lynn P. Rehm, Adele S. Rabin, and Nadine J. Kaslow

This study assessed six-month follow-up for 71 of 104 women who completed a self-control therapy program for depression. On the Beck Depression Inventory (BDI) and the Minnesota Multiphasic Personality Inventory-Depression scale (MMPI-D), the significant improvement in depressive symptomatology reported on completion of the program was maintained over a six month period.

Subjects whose depression showed most improvement during treatment were most likely to retain and utilize the self-control skills taught in the program, and to find the program helpful during the following six months. They were also most likely to maintain treatment gains during follow-up.

Subjects indicated that their mood six months after the program was considerably better than before the program. The majority noted improved relationships with spouses. children, and jobs. Most had experienced at least one episode of depression, but only 30% had sought additional therapy. Those persons most likely to seek therapy were those with more severe episodes, or persons who had experienced a greater number of recent life events during the six month interval.

To summarize: in an outpatient volunteer population, the self-control program was effective in reducing the severity of depression both immediately after treatment and six months later.

Paper presented at the annual meeting of the Southwest Psychological Association, San Antonio, April 1983.

A SELF-CONTROL THERAPY PROGRAM FOR DEPRESSION: SIX MONTH FOLLOW-UP

Barbara Gordon Leventon, Lynn P. Rehm, Adele S. Rabin, and Nadine J. Kaslow

This paper reports results of the six month follow-up for a self-control program for depression. The program is based on a self-control model of depression (Rehm, 1977, 1981) which posits that depressed individuals show a variety of deficits in particular self-control behaviors, namely, in self-monitoring, self-evaluation, and self-evaluation.

The present study compared three versions of the self-control therapy program: a behavioral target version, a cognitive target version, and a combined target version. In the behavioral version, which focused primarily on activity level, subjects monitored their activities and set realistic positive activity goals. In the cognitive version, which focused primarily on increasing positive self-statements, subjects monitored self-statements and ways in which self-statements are derived were examined. The combined version targeted changes in both activities and self-statements.

It was hypothesized that, since the program focused on remediation of specific skill deficits, treatment gains made immediately following the program would be maintained during the next six months.

METHODS

Subjects.

Subjects were female volunteers between the ages of eighteen and sixty. According to screening criteria /Beck Depression Inventory (BDI) score $\geq$ 20;

MMPI-D T score $\geq$ 70; SADS-RDC for Major Depressive Disorder/, the sample consisted of women suffering a moderate to severe depression describeable as nonpsychotic, nonbipolar major affective disorder. The women were randomly assigned into one of the three conditions, and received ten weeks of structured group therapy.

One-hundred and four subjects completed the program, and 71 reported follow-up information. Thus, follow-up information was collected for approximately 70% of the original sample. This group was comparable to the total sample on pre- and posttest scores on the BDI and MMPI-D measures.

Procedures.

Approximately six months after completion of the program, subjects were mailed a letter requesting that they complete and return the enclosed measures, a Beck Depression Inventory, an MMPI-D, a Recent Life Events schedule, a follow-up questionnaire designed for this study, and a return addressed, stamped envelope. Subjects who did not return the forms were contacted by phone approximately six weeks later, and additional forms were mailed if necessary.

RESULTS

Two major dependent variables in this study were self-reported scores on the BDI and MMPI-D. In order to assess differences between conditions regarding maintenance of improvement of depression, an analysis of covariance (ANCOVA) was performed with pretreatment scores as the covariate, for the BDI and MMPI-D. ANCOVAs revealed no differences between conditions on either measure. The means and standard deviations are presented in TABLE 1 for the BDI and TABLE 3 for the MMPI-D, and results of paired t-tests are shown for these measures on TABLES 2 and 4 respectively. As can

be seen, subjects in all three conditions improved significantly between pre- and post-treatment, and these gains were maintained during the six months following completion of the program.

The correlation between the weighted sum on the Recent Life Events schedule and BDI score at follow-up was $r=.37$, $p<.001$. This result indicates that psychosocial stressors were related to more severe depression at six months.

On the follow-up questionnaire, no differences between conditions were found. Thus, the remaining results are reported for all three conditions combined.

Subjects indicated that their current mood was neutral ($\bar{X}=5.6$ on a 10-point scale), that it was better than before the program ($\bar{X}=4.2$ on a 5 point scale), and that it was about the same or slightly better than right after the program ($\bar{X}=3.3$ on a 5 point scale). Eighty-seven percent of the sample experienced at least one recurrent episode during the six months posttreatment, with an average number of episodes of 4.9, of median length of 1.3 weeks. On a 5 point severity scale, subjects reported that they were only moderately depressed ($\bar{X}=3.3$) during their worst episode.

Approximately 30% of the sample sought additional therapy during the six months after the program, with the majority of those (67%) receiving psychotherapy only. The remaining 33% received medication only, or both.

Of 45 married subjects, 24 (53%) reported that their marriage had changed for the better, 15 (33%) reported no change, and 6 (14%) reported a change for the worse. Twenty-seven of 42 subjects (64%) subjects reported that their relationship with their children had improved, with 12 (29%) reporting no change and 3 (7%) reporting a change for the worse. Of 53 employed subjects, 32 (60%) reported a change for the better at their jobs,

12 (23%) reported no change, and 9 (17%) reported a change for the worse.

Finally, subjects were asked to rate how helpful the program had been on a 1 ("extremely unhelpful") to 10 ("extremely helpful") scale. Subjects reported that the program had been moderately to very helpful ($\bar{X}$=6.86, SD=1.27). Further, correlations between perceived helpfulness of the program and BDI scores at posttreatment and follow-up were highly significant ($r=-.33$, $p<.004$, and $r=-.29$, $p<.009$ respectively). Thus, subjects whose depression improved during the course of the ten-week program were more likely to find the program helpful in maintaining improvement in depression during the subsequent six months.

DISCUSSION

These results support the hypothesis that improvement in severity of depression following treatment would be maintained during the six months postttreatment. In an outpatient volunteer population, it was shown to be successful in the modification of depression, reducing its severity both immediately after treatment and six months later. After ten weeks of structured group instruction in specific self-control strategies, subjects in all three conditions showed significant improvement in depression, and maintained that improvement for six months.

There was also a relationship found between recent life events and severity of depression. Persons who reported more severe depression also reported a greater number of psychosocial stressors during the six month period, indicating that such stressors contribute to feelings of depression.

The percentage of subjects seeking additional therapy was approximately 30%, which is quite low when compared to subjects in previous studies in waiting list control conditions. Thus, the program was effective in help-

ing individuals cope with their depressed feelings via useage of the self-control skills, rather than through the services of additional health care providers.

Finally, the perceived helpfulness of the program was strongly related to improvement in depression, both immediately following treatment and six months later. Our results suggest that some subjects were initially able to utilize the skills taught in the program to reduce the severity of their depression. These subjects then continued during the next six months to utilize the elements of the program to maintain their improvement, thereby reporting the program as helpful in improving depression both immediately following treatment and at follow-up.

In sum, regardless of whether it primarily targets activities, cognitions, or both, the self-control therapy program appears to be an effective treatment for depression.

SUBJECT INCLUSION CRITERIA

TELEPHONE SCREENING

female

age 18 - 60

feeling "sad, blue, depressed"

free of life-threatening medical illness

not participating in psychotherapy or receiving medication for depression in past 30 days

PSYCHOLOGICAL TESTING

Beck Depression Inventory score of 20 or greater

CLINICAL INTERVIEW

Evidence of 5 of 8 symptoms for major depression (Feighner, et. al., 1972)

Failure to meet symptom criteria for various other disorders

Failure to meet symptom criteria for various other disorders within past 12 months of depressive episode

DEMOGRAPHIC DATA

AGE	$\bar{X}$ = 38.6
20 - 29	N = 23
30 - 39	N = 38
40 - 49	N = 24
50 - 60	N = 19
EDUCATION	$\bar{X}$ = 14.8
INCOME	$\bar{X}$ = $20,000
EMPLOYED	
YES	N = 70
NO	N = 17
NO INFO	N = 17
MARITAL STATUS	
MARRIED	N = 61
SINGLE	N = 15
DIVORCED	N = 20
SEPARATED	N = 1
WIDOWED	N = 4
COHABITING	N = 3
NUMBER OF CHILDREN	
	N = 86
	$\bar{X}$ = 1.85

RACE	
CAUCASIAN	N = 94
NEGRO	N = 4
MEXICAN-AMERICAN	N = 4
NO INFO	N = 2
RELIGION	
PROTESTANT	N = 46
CATHOLIC	N = 28
JEWISH	N = 17
OTHER	N = 12
NO INFO	N = 1

BECK DEPRESSION INVENTORY

CONDITION	PRETEST VS FOLLOWUP		POSTTEST VS FOLLOWUP	
	t	p <	t	p <
Combined	5.8	.001	-1.72	.101
Behavioral	8.0	.001	-1.0	.307
Cognitive	7.7	.001	-0.9	.383

BECK DEPRESSION INVENTORY

CONDITION	N	PRETEST		POSTTEST		FOLLOWUP	
		$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Combined	20	31.0	8.6	9.8	7.5	13.2	11.8
Behavioral	25	28.2	5.9	10.9	8.8	13.0	11.8
Cognitive	24	28.5	8.0	9.7	7.3	11.4	10.9

MMPI-D

CONDITION	PRETEST VS FOLLOWUP		POSTTEST VS FOLLOWUP	
	t	p<	t	p<
Combined	3.5	.002	0.2	.853
Behavioral	6.6	.001	-0.4	.679
Cognitive	5.8	.001	0.4	.715

MMPI-D

CONDITION	N	PRETEST		POSTTEST		FOLLOWUP	
		$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Combined	20	38.4	5.2	30.1	9.9	29.6	9.2
Behavioral	26	37.7	4.1	28.6	6.8	29.0	6.5
Cognitive	25	36.2	4.3	27.1	5.5	26.6	8.5

MOOD RATINGS

CURRENT MOOD	5.6
CURRENT MOOD COMPARED TO MOOD BEFORE PROGRAM	4.2
CURRENT MOOD COMPARED TO MOOD AFTER PROGRAM	3.4

EPISODES

EPISODES:

YES	NO
87.3%	12.7%
N=62	N=9

NUMBER OF EPISODES:

MEAN	MEDIAN	RANGE
4.9	4.7	1 - 8

LENGTH OF EPISODES:

(in weeks)

MEAN	MEDIAN	RANGE
2.9	1.3	1 - 24

SEVERITY OF EPISODES:

MEAN	MEDIAN	RANGE
3.3	3.2	1 - 5

THERAPY

SOUGHT THERAPY:

YES	NO
29.6%	70.4%

TYPE OF THERAPY:

PSYCHO-THERAPY	MEDICA-TION	BOTH
66.7% N=14	4.8% N=1	28.6% N=6

MARRIAGE

N=45

CHANGE FOR THE BETTER	NO CHANGE	CHANGE FOR THE WORSE
53.3%	33.3%	13.4%
N=24	N=15	N=6

CHILDREN

N=42

CHANGE FOR THE BETTER	NO CHANGE	CHANGE FOR THE WORSE
64.3%	28.6%	7.1%
N=27	N=12	N=3

JOB
N=53

CHANGE FOR THE BETTER	NO CHANGE	CHANGE FOR THE WORSE
60.4%	22.6%	17.0%
N=32	N=12	N=9

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